

EVALUATION OF PRIVILEGES - PSYCHOLOGY			PERIOD		DATE		
For use of this form, see AR 40-68; the proponent agency is OTSG			FROM		TO		
RATED BY		PRIVILEGES PERFORMED BY		TREATMENT FACILITY			
TITLE							
PRIVILEGES			RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.			ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Category I.							
Category II.							
Category III.							
Category IV.							
Privileges Performed (Check)							
a. Assessment in psychological diagnosis							
b. Assists in inpatient management of mental disorders							
c. Psychological assistance in alcohol/drug residential treatment							
d. Outpatient psychological treatment							
e. Psychotherapy							
(1) Psychoanalytical oriented psychotherapy (Individual)							
(2) Behavior therapy							
(3) Gestalt therapy							
(4) Hypnotherapy							
(5) Transactional analysis							
(6) Group therapy							
(7) Marital therapy							
(8) Family therapy							
(9) Sexual dysfunction therapy							
(10) Psychosomatic therapy							
(11) Brief therapy							
f. Child psychotherapy							
g. Adolescent psychotherapy							
h. Somatic psychotherapy							
(1) Biofeedback therapy							
(2) Hypnotherapy							
i. Consultation							
(1) Command							
(2) Medical/Surgical activities							
(3) Community organizations							
(4) School							
j. Research							
k. Other (Specify)							

COMMENTS (Borderline and unacceptable ratings will be addressed.) (Use reverse side if needed.)